


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90283 002 ****70.00

DOCUMENT # N03000000518					
1. Entity Name COLONY COMMUNITY CHURCH, INCORPORATED					
Principal Place of Business 1275 BEVILLE RD DAYTONA BEACH, FL 32119		Mailing Address 5925 KENDREW DR PORT ORANGE, FL 32127		50023299	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 36-4329187	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STUMP, PAUL L REV 5925 KENDREW DR PORT ORANGE, FL 32127			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FESSLER, L.E.		NAME	SILVERNAIL, ROBERT G.	
STREET ADDRESS	1282 WILLIAMSBURG PL		STREET ADDRESS	1266 MAYFLOWER DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIEDER, PAUL		NAME	POND, BETTY	
STREET ADDRESS	1278 PLANTATION PL		STREET ADDRESS	1247 MAYFLOWER DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, ANN		NAME	FERGUSON, PAUL	
STREET ADDRESS	108 AVOCET CT		STREET ADDRESS	4556 SO. ATLANTIC AVENUE, #4407	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP	PONCE INLET, FL 32127	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHOON, BETTY		NAME	ROSDIL, PATRICIA L.	
STREET ADDRESS	1266 MAYFLOWER DR		STREET ADDRESS	1270 HERITAGE DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KEPHART, ARTHUR J.	
STREET ADDRESS			STREET ADDRESS	1301 FLINTLOCK DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert G. Silvernail</i>		SILVERNAIL, ROBERT G. (P)		March 3, 2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	